

Home Caregiver Portal Application Manual

Replacement Instructions

FROM CONSUMER AFFAIRS WEBSITE

- 1. Go to <u>www.pbcgov.com/consumer</u>
- 2. Select Home Caregiver from the menu
- 3. Select "Apply for Caregiver ID Badge"
- 4. Select "Apply Here"

Sign Up (First Time Portal Users)

1. Click on the "Sign-Up" link.

| Please login to continue | |
|--|-------|
| User Name | |
| Password: | |
| Enter your password | |
| PBC Portal - Secured by Enterprise Connect © 2014 Palm Beach County | LOGIN |
| Keep me signed in on this device! | |
| SIGN-UP FORGOT PASSWORD? | |

2. The following screen will display.



- 3. Enter your **Email**.
- 4. Enter your First Name.
- 5. Enter your Last Name.
 6. Click on the "Sign-Up" button.

| | Please fill the data below to create your user account. |
|---|---|
| 3 | Email * |
| 4 | First Name * |
| 5 | Last Name * |
| 6 | Sign-Up |

7. Select the images as instructed on the security screen, if prompted.



8. The following message will display on the top right-hand- side of your screen.



- 9. Enter your User Name. (The User Name is your Email Address).
- 10. Enter the Temporary Password (check your e-mail account).
- 11. Click on the "Login" button.

| Please log in to continue | |
|--|---|
| User Name 9 Enter your user name | |
| Password: 10 nter your password | |
| PBC Portal - Secured by Enterprise Connect |] |
| Keep me signed in on this device! SIGN-UP FORGOT PASSWORD? | |

The following screen will display.

- 12. Enter a **New Password**.
- 13. Confirm **New Password**.
- 14. Click on "Save New Password."

| Please login to continue | |
|--|----------------------|
| New Password | [?] Strength: |
| 13 onfirm Password (show passwords) | |
| PBC Portal - Secured by Enterprise Connect @ 2014 Palm Beach County | 14 SAVE NEW PASSWORD |
| Keep me signed in on this device! | |
| SIGN-UP FORGOT PASSWORD? | |

The following screen will display.

- 15. The First Name will display by default.
- 16. The Last Name will display by default.
- 17. Enter your **Birthday**.
- 18. Enter your **Phone Number**.
- 19. Click on the "Update" button.



20. The Welcome to Palm Beach County Consumers Affairs Portal screen will display.

| | | | 🕇 Home | Contact Us | C+ Logout Veronica Castr |
|--|--|---|---|---|--------------------------|
| Welcon The Division of Consumer Affairs is a consum protections are extended to the public throug are charged with administering the Plan Bea | me to Palm Beach County er protection agency of the Palm Beach County Board Licensing, investigation, informal mediation, and compl th County Consumer Attains, Moving, Water Taxi, Aduit | Consumer Affai of County Commissioners position lance activities. Staff consists of cu Entertainer Work ID, Towing, Vehi | rs Portal in the Public Safety Department. C stomer service specialists and inv cle for Hire, and Home Caregiver C | consumer estigators who Ordinances. | |
| Home Caregiver | Water Taxi | 0 | & Vehicle For Hire | •• | 0 |
| To register as a new Home Caregiver, renew your existing registration, or replace your card | To register as a Paim Beach County vendor or access your vendor registration information | | To register as a Paim Beach County vendor or access your vendor registration information | | |
| | To register as a Paim Beach County vend registration informatic | or or access your vendor | | | |
| | & Coming soon | 1 | | | |

Log In

- 1. Enter your **User Name.**
- 2. Enter your **Password**.
- 3. Click on the "Login" button.

| Please login to continue | |
|--|--|
| User Name | |
| Password: | |
| 2 Enter your password | |
| PBC Portal - Secured by Enterprise Connect | |
| Keep me signed in on this device! | |
| SIGN UP FORGOT PASSWORD? | |

4. The Welcome to Palm Beach County Consumers Affairs Portal screen will display.

| | | | | A Home | Contact Us | 🕒 Logout Veronica Cast |
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| and a state of the | | | | | | |
| | Welcor | me to Palm Beach Count | y Consumer Affai | rs Portal | | |
| The Divisi protections are change To learn m ase choose one of the services below . | on of Consumer Affairs is a consum a are extended to the public through d with administering the Palam Bea ore about the Division of Consume | er protection agency of the Palm Beach County Boa I licensing, Investigation, informal mediation, and cor ch County Consumer Affairs, Moving, Water Taxi, Ad r Affairs, click here . | rd of County Commissioners position npliance activities. Staff consists of cu util Entertainer Work ID, Towing, Vehi | in the Public Safety Department. C stomer service specialists and invo cle for Hire, and Home Caregiver C | consumer estigators who Ordinances | |
| Home Caregiver | 0 | 🌢 Water Taxi | 0 | & Vehicle For Hire | | 0 |
| To register as a new Home Caregiver, renew your existing registration, or replace your card | | To register as a Palm Beach County vendor or access your vendor registration information | | To register as a Paim Beach County vendor or access your vendor registration information | | ndor or access your vendor tion |
| Home Caregiver H | | & Coming so | on | | Coming soc | on |
| | | & Towing | 0 | | | |
| | | To register as a Palm Beach County ve registration inform | ndor or access your vendor abon | | | |
| | | Coming so | on | | | |

ID Badge Replacement

1. Click on the "Home Caregiver" button.

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| | | | | 100 | |
| Welco | ome to Palm Beach County | Consumer Affair | s Portal | | |
| The Division of Consumer Affairs is a cons protections are extended to the public throu are charged with administering the Paim B To learn more about the Division of Consu Please choose one of the services below | Imer protection agency of the Palm Beach County Board gh licensing, investigation, informal mediation, and comp ach County Consumer Attairs, Moving, Water Taxi, Adu ner Atfairs, click here. | of County Commissioners position in pliance activities. Staff consists of cus It Entertainer Work ID, Towing, Vehic | n the Public Safety Department. C stomer service specialists and invi is for Hire, and Home Caregiver (| Consumer estigators who Ordinances. | |
| Home Caregiver | & Water Taxl | 0 | Vehicle For Hire | · | 0 |
| To register as a new Home Caregiver, renew your exisiting registration, or replace your card | To register as a Palm Beach County veni registration informat | dor or access your vendor | To register as a Pain | n Beach County ver registration informa | ndor or access your vendor ition |
| Click here. Home Caregiver + | Coming soo | n | | Coming so | on |
| | a Towing | 0 | | | |
| | To register as a Palm Beach County ven registration informat | dor or access your vendor ion | | | |
| | Coming soo | n | | | |

2. The "New/Renew/Replace License" screen will display. Click on the "Yes" button.

| | A Home | 🖀 Contact Us | C+ Logout – Veronica Castro |
|---------------------------------|--------|--------------|-----------------------------|
| | 14.51 | 1912 | |
| 🖼 New / Renew / Replace License | | | |
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| | | | |

3. The following screen will display.

| | | | A Home | Contact Us | C+ Logout Veronica Castro |
|---------------------------------|---|------------------------------------|-----------|------------|---------------------------|
| | | | | | |
| 🛅 New / Renew / Replace License | | | | | |
| | Have you ever been issued a Home Caregiver ID Badge by Palm Beach County? | VYes XN0 | | | |
| | if you don't know your Ba | idge ID then click here. | | | |
| | If you know your Badge ID, then enter | r the ID number and Date of Birth. | | | |
| | Badge ID : | | | | |
| | Date of Birth : | | Q. Search | | |

4. Enter the Badge ID.

- a. Click in the Date of Birth field, and a calendar will appear.
- b. Enter the Date of Birth.
- c. Click on the "Search" button.

| | A Home | Contact Us | C+Logout – Veronica Castro |
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| | 1.5. | 1941 | |
| T New / Benew / Benlace License | | | |
| | | | |
| Have you ever been issued a Home Caregiver ID Badge by Palm Beach County? | | | |
| If you don't know your Badge ID then click here. | | | |
| If you know your Badge ID, then enter the ID number and Date of Birth. | | | |
| Badge ID : HC127 | | | |
| | | | |
| Date of Birth : 04/14/1976 Q. Search | • | | |
| | | | |

5. The "Continue to Update or Confirm your information" screen will display. Click on the "Continue" button.

| | | | | | A Home | Contact Us | G-Logout - Veronica Castro |
|-------------------------------|--|--|-----------------|-----------|--------|------------|----------------------------|
| | | | | | | | |
| New / Renew / Replace License | | | | | | | |
| | Have you ever been issued a Home Caregiver ID Badge by Palm Beach County? | 🛩 Yes | # No | | | | |
| | If you don't know your E | adge ID then click her | n- | | | | |
| | If you know your Badge ID, then en | er the ID number and I | Date of Birth. | | | | |
| | Bedge ID : | HC118 | | | | | |
| | Date of Birth : | 11/01/1973 | | Q, Search | | | |
| | Continue to Update or C Name : Adina El M Badge Number : HC110 Address : 2109 Lake License Expire : 04603/2021 | onfirm your informatio alim Bass Circle , Lake Worth | n. .FL 33461 | | | | |

6. Click on the "**Replacement ID Badge**" button.

| | | | 1 | A Home | Contact Us | G+Logout – Veronica Castro |
|----------------------------------|--|--|---|--------|------------|----------------------------|
| | | | | | | |
| Di New / Renew / Replace License | | | | | | |
| | | | | | | |
| | Name : | Adina El Haiim | | | | |
| | Badge Number : | HC118 | | | | |
| | Address : | 2109 Lake Bass Circle ,Lake Worth,FL 33461 | | | | |
| | License Expire : | 04/08/2021 | | | | |
| | Select this option if you current (not expired). A | r ID Badge is lost, stolen, or damaged but is still new card will be printed, but the expiration date. | | | | |
| | picture, and caregiver r original information. | name remain unchanged—it's a duplicate of the | | | | |
| | | | | | | |
| | \rightarrow | Replacement ID Badge |] | | | |
| | Select this option if you current (not expired). A picture, and caregiver r original information. | Ir ID Badge is lost, stolen, or damaged but is still new card will be printed, but the expiration date, ame remain unchanged—it's a duplicate of the Replacement ID Badge | | | | |

- 7. The "ID Badge Replacement Request" screen will display.
 - a. Enter Printed Name.
 - b. E-Mail address displays by default.
 - c. Enter Initials.
 - d. Click on the "Save" button.
 - e. The "**ID Badge Replacement Request saved successfully**" message will display.
 - f. Click on the "Continue to Payment" button.

| | 🕈 Home 🖀 Contact Us 🕞 Logout – Veronica Castro |
|--------------------------------------|--|
| | 아이지는 이 지수는 위에 가지 않는 것 같아요. 김 씨가 있는 위에 가지 않는 것 |
| Home > Application | |
| n ID Badge Replacement Request | |
| Hor | ne Caregiver Fee Amount - \$15.00 |
| I hereby n | equest a replacement of previously issued ID Badge. |
| Badge ID: | HC118 |
| a | Adia Di Julia |
| Printed Name : | Adarba El Trainti |
| b * E-Mail Address : | vcastro2080@gmail.com |
| Date : | 9608/2020 |
| C | |
| Initials : | AEH |
| Once processed and approved, ID Badg | es will be returned by US Mail to the mailing address provided on the application. To make alternative arrangements, please call 561-712-6400. |
| | |
| | |
| | ID Bødge Replacement Request saved successfully. |
| | d → & Save Continue to Payment → |

Note: To return to the home page, click on the "**Cancel**" button.

Payment

Pay Now (Online Payment)

NOTE: To pay in person, skip this portion and start at page 13

- 1. Select the "**Pay Now**" radio button.
- 2. Click on the "Review your Payment" button.

| | A Home | 🕿 Contact Us | 🕞 Logout Veronica Castro |
|---|--------|--------------|--------------------------|
| Home > Application > Payment | | ← Back to Ap | oplication |
| Step 2 - Payment Options | | | |
| Please select payment option. To Do: 1. Select one of the payment options "Pay Now" or "Pay In Person." | | | |
| \$ Payment Options | | | Denotes Required Field |
| * Payment Options : 🗵 Pay Now O Pay In Person | | | |
| Pay To : Palm Beach County - Consumer Affairs | | | |
| Amount To Pay : \$30.00 New - Home Caregiver Fee Amount | | | |
| 2 → Review your Payment → | | | |

- 3. The "Payment Review" screen will display.
- 4. Click on the "Edit Payment Option" button to return to the Payment Options screen and make any changes, if needed.
- 5. Click on the "**Proceed to Payment**" button.

| | | 🕇 Home | 🕿 Contact Us | 🕞 Logout Veronica Castro |
|--|--------------------------------------|----------|--------------|--------------------------|
| Home > Application > Payment | | | + Back to A | pplication |
| Step 2 - Payment Review | | | | |
| To Do: 1. To make any changes click on "Edit Payment Option" or continue to | o "Proceed to Payment". | | | |
| \$ Payment Review 🔶 3 | | | | |
| Pay To : | Palm Beach County - Consumer Affairs | | | |
| Amount To Pay : | \$30.00 | | | |
| 4 | Edit Payment Option Proceed to Pa | ayment → | | |

Enter the required information.

6. Click on the "Pay Now" button.

| Vere Orden | | |
|---------------------|--------------------------|-----------------|
| Your Order | | |
| Total Amount | | \$30.0 |
| | | |
| | | Cancel |
| 6 | | |
| Billing Information | on | |
| | | * Required fiel |
| First Name * | | |
| Last Name * | | |
| Company Name | | |
| Address Line 1 * | | |
| City * | | |
| Country/Region * | United States of America | |
| State/Province * | Florida | |
| Zip/Postal Code * | | |
| Phone Number * | | |
| Email * | | |
| | | |
| Payment Details | <u> </u> | |
| Card Type * | Nice | |
| | | |
| | | |
| Card Number * | | |
| Expiration Date * | | |

Note: To cancel the order and return to the **"Payment Options"** page, click on the **"Cancel"** button.

- 8. The "Payment Status" screen will display.
- 9. Click on the "Show Receipt" button to display or print the Payment Receipt.
- 10. Click on the "Continue to Schedule Appointment" button.

| | A Home | 🕿 Contact Us | C+Logout Veronica Castro |
|--|---|----------------------|--------------------------|
| Home > Application > Payment | | 🗲 Back to Ap | plication |
| Step 2 - Payment Details | | | |
| Please provide Payment details. To Do: 1. Click "Show Receipt" to print the receipt. | | | |
| \$ Payment Status | | | |
| Applicant Name : | Veronica Castro | | |
| Application Fee For : | New | | |
| Amount Paid : | \$30.00 | | |
| Card Type : | Credit Card | | |
| Your payment has been submitted successful | illy. A receipt was sent to your email account. | | |
| 9 Show Receipt | | tinue to Schedule Ap | pointment → |

11. A payment confirmation will be sent to the e-mail address provided..

| Payment was received for the following ID badge or license as detailed below: |
|--|
| Paid To: Palm Beach County Board of County Commissioners Department/Division: Department of Public Safety, Division of Consumer Affairs |
| Account Holder: Veronica Castro |
| Amount (US\$): 30.00 New- Home Caregiver Fee Amount |
| Transaction Date: January 14, 2021 |
| Confirmation: 831000 |
| Please note that your Caregiver ID Badge is not approved until the application has been processed and your badge has been received. |

Pay In Person

1. Select the "Pay In Person" radio button.

| | A Home | Contact Us | G• Logout Veronica Castro |
|--|--------|------------------|---------------------------|
| Home > Application > Payment | | - Back to Applic | ation |
| Step 2 - Payment Details | | | |
| Please provide Payment details. To Do: 1. Select one of the payment options, "Pay Now" or "Pay In Person." 2. Provide credit card details if you select the "Pay Now" option. | | | |
| \$ Payment Details | | | Denotes Required Field |
| * Payment Option : O Pay Now O Pay in Person | | | |
| | | | |

2. Click on the "Save" button.

| | A Home | Contact Us | C+Logout Veronica Castro |
|--|--------|-----------------------------------|--------------------------|
| Home > Application > Payment | | | |
| | | Васк то Аррис | ATIKATI |
| Step 2 - Payment Details | | | |
| Please provide Payment details. To Do: | | | |
| Select one of the payment options, "Pay Now" or "Pay in Person." Provide credit card details if you select the "Pay Now" option. | | | |
| \$ Payment Details | | | Denotes Required Field |
| Payment Option : O Pay Now R Pay In Person | | | |
| | | | |
| C Save | | | |

3. Click on the "Continue to Review" button.

| | A Home | 🖀 Contact Us | C+ Logout Dawn Do |
|---|--------|--------------|-------------------|
| Home > Application > Payment | | + Back to Ap | plication |
| Step 2 - Payment Options | | | |
| Please select payment option. To Do: 1. Select one of the payment options "Pay Now" or "Pay In Person." | | | |
| \$ Payment Options | | | Denotes Regul |
| ● Payment Options : O Pay Now ④ Pay In Person | | | |
| Previously you selected to Pay in Person. You can change the payment option. | | | |
| | | | |
| | | Continue | to Review 👄 |

4. Submit the application

| Control and a second se | each.fl.us/CATSPortal/PortalReviewApplicatic | in . | - 🔒 Palm Beach County (US) 🖒 | Search | | P - 🔄 |
|--|---|---|------------------------------|--------|-------------|----------------------|
| censeTracking - Consumer Aff 🙆 Por | talReviewApplication - CA × 📑 | | | | | |
| Edit View Favorites Tools Help | | | | | | |
| | | | | A Home | Contact Us | C+ Logout Dawn Dough |
| Home > Application | > Payment > Review | Alter Land | | 1.5 | + Back to P | ayment. |
| nal Step - Review Details | | | | | | |
|) Do: 1. Review your details. 2. Click "Submit Application" to submit th Review Details | te application of "Eoit Application" to make c | hangus. | | | | |
| Application Type : | Replacement | | | | | |
| | | | | | | |
| Name : | Test Test | Badge ID : HC106 | 2 | | | |
| Name : E-Mail Address: | Test Test addougherty@yahoo.com | Badge ID : HC106 | 2 | | | |
| Name : E-Mail Address: Delivery Option : | Test Test addougherty@yahoo.com In person | Badge ID : HC106 | 2 | | | |
| Name : E-Mail Address: Delivery Option : Initial : | Test Test addougherty@yahoo.com In person TT | Badge ID : HC100 Submit Date : 02/03/2 | 2 | | | |
| Name : E-Mail Address: Delivery Option : Initial : | Test Test addoughotry@yahoo.com in porton TT You have chosen to Pay in Person. | Bedge ID : HC100 | 2 | | | |
| Name : E-Mail Address: Delivery Option : Initial : | Test Test addoughortr/ĝyahoo.com In porson TT You have chosen to Pay in Person. | Bedge ID : HC100 Submit Date : 02/03/2 | 2 | | | |
| Name : E-Mail Address: Delivery Option : Initial : | Test Test addoughorty@yahoo.com In porson TT You have chosen to Pay in Person. | Bedge ID : HC100 | 2 | | | |

5. Application Status Screen Appears

| Application Status | |
|--------------------------------|--|
| | |
| Applicant Name: Test Test | |
| Application Type : Replacement | |
| Status : Submitted | |
| Submitted Date : 02/03/2021 | |

6. An email will generate confirming the replacement request.

| Your application was submitted to the Palm Beach County Consumer Affairs Division on Tuesday, August 25, 2020 at 12:07:43 PM. Please note that your Caregiver ID Badge is not approved until the application has |
|--|
| been processed and your badge has been received. |
| Thank you! |

7. Logout